

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/070882

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	Fee	
BASIC FEE	<input checked="" type="checkbox"/>	BASIC FEE 890
X\$ 9=	<input checked="" type="checkbox"/>	X\$18=
X42=	<input checked="" type="checkbox"/>	X84=
+140=	<input checked="" type="checkbox"/>	+280=
TOTAL	<input checked="" type="checkbox"/>	TOTAL 890

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 20 Minus	-- 29	9
Independent	• 3 Minus	-- 3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	
X\$ 9=	<input checked="" type="checkbox"/>	X\$18= 450
X42=	<input checked="" type="checkbox"/>	X84=
+140=	<input checked="" type="checkbox"/>	+280=
TOTAL ADDT. FEE	<input checked="" type="checkbox"/>	TOTAL ADDT. FEE 450

BEST AVAILABLE COPY

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 20 Minus	-- 29	
Independent	• 3 Minus	-- 2	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT B	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	X\$ 9=	<input checked="" type="checkbox"/>	X\$18=	
Independent	X42=	<input checked="" type="checkbox"/>	X84=	
	+140=	<input checked="" type="checkbox"/>	+280=	
	TOTAL ADDT. FEE	<input checked="" type="checkbox"/>	TOTAL ADDT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 29 Minus	-- 29	
Independent	• Minus	---	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT C	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	X\$ 9=	<input checked="" type="checkbox"/>	X\$18=	
Independent	X42=	<input checked="" type="checkbox"/>	X84=	
	+140=	<input checked="" type="checkbox"/>	+280=	
	TOTAL ADDT. FEE	<input checked="" type="checkbox"/>	TOTAL ADDT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- * If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
- * If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY